EDITORIALS

Of WAMIs and AHECs

ELSEWHERE in this issue is a report of the impressive success of the WAMI program of the University of Washington School of Medicine in Seattle. Begun with federal funds it is now entirely supported by the legislatures of the states of Washington, Alaska, Montana and Idaho (WAMI). This huge area is more than a fifth of the land area of the United States, and is mostly underserved by physicians and other health professionals. The distances are formidable, as is at times the weather. But in spite of all the difficulties an effective educational network has been created and is fulfilling its goals.

A similar approach, though on far less grand a scale, is underway in the Central San Joaquin Valley of California in the federally sponsored Area Health Education Center (AHEC) program of the University of California, San Francisco. There also it can be shown that educational programs involving medical students, residents and practicing physicians can bring physicans and other health professionals to underserved areas to ease health manpower shortages, and thus enhance both access to health care and its quality.

In programs such as these a real solution to the problem of maldistribution of physicians and other health manpower seems to be emerging. It turns out to be a multipronged approach, which both serves the needs of medical schools and health science centers for off-campus training sites —particularly for family practice and primary care—and the needs of government which is committed to improving access and quality of care in underserved areas by recruiting and training professionals to serve in these areas. Family practice and primary care turn out to be a natural and needed focus around which training sites can be developed for student and resident physicians as well as other health professionals. Young professionals are introduced to the areas and trained there, and a professional base is created to which they can relate even after entering practice. Continuing education of good quality is developed which also helps to overcome the sense of professional isolation that is so often a deterrent to practice in underserved areas. And a not to be overlooked benefit is that the faculty from the supporting science centers get out of their ivory towers to supervise the educational experiences of students and residents, and in so doing become familiar with local practice problems and contribute significantly to continuing education and quality of care.

This package appears to provide an effective solution to the health manpower maldistribution problem and a way to improve health care. It can now be shown that as the primary care educational centers develop in medically underserved areas, with oversight from a major health science center, students and residents seek training in these areas and eventually tend to remain to practice in them. A kind of collegiality develops among practitioners and with the health science centers which has the effect of negating professional isolation. Educational goals for primary care and social goals for better access and better quality of care through better distribution of health manpower are both well served. Legislative support for these kinds of programs is clearly in the public interest and makes possible an educational and practice network which can solve what has been a most vexing problem.

We congratulate the University of Washington and the WAMI states on the obvious success of their pioneering effort.

—MSMW

Prolonged Thoracic-Duct Drainage in Rheumatoid Arthritis and Systemic Lupus Erythematosus

GOWAN'S PIONEERING WORK in rats showed that one can deplete the entire lymphoid apparatus by thoracic-duct drainage. With this he produced an immunodeficiency evident in both cellular and humoral responses to antigenic stimulation. Lymphopenia was seen in the blood, spleen, lymph nodes, Peyer patches and other sites of lymphocytic collection in the body. During the middle and late 1960's, there were a few sporadic reports from clinical investigators showing that man too could be rendered immunodeficient by this